



City of Cocoa, Florida

UTILITIES DEPARTMENT
Engineering Division
351 Shearer Blvd. , Cocoa, Florida 32922
Phone (321) 433-8797 Fax (321) 433-8708

BACTERIOLOGICAL TESTING PROCEDURES BY PRIVATE LABORATORIES

The following information shall be completed and certified by the Testing Lab and Sampling Company. If any of the information is not completed, is answered “no”, or is not certified, the bacteriological results will not be accepted by the City.

A copy of the City of Cocoa pressure test report must be provided to the Sampling Company prior to samples being collected.

If any of the samples do not pass the bacteriological test, then all the sample points shall be retested.

Testing Laboratory Certification

1. The private laboratory is certified by the State of Florida in microbiology membrane filtration and/or MMO-MUG. YES _____ NO _____ **Attach a copy of the certification.**

I certify that the bacteriological testing has been completed in accordance with the applicable provisions of F.A.C. and the previous information.

Lab Official _____ Cert. # _____ Date _____

Signature

Company _____

CITY OF COCOA UTILITIES HANDBOOK
APPENDIX 2

Sampling Certification

2. The Sampling Company is a private laboratory or a company solely in the business of collection of bacteriological samples. YES _____ NO _____

Personnel collecting samples must follow the procedures outlined in AWWA C651 Section 7.3 Sampling Procedure and Standard Methods for the Examination of Water and Wastewater.

3. The Sampling Company assumes the chain of custody for the bacteriological samples. The samples were taken by the private Sampling Company personnel from the locations indicated on the project's FDEP permit. YES _____ NO _____

4. The chlorine residual was determined at the time of sampling and was no greater than 5.0 parts per million (PPM). **Total and Free chlorine residuals are to be indicated for each sample taken.** YES _____ NO _____

5. Two consecutive sets of acceptable samples were taken at least 24 hours apart. YES _____ NO _____

I certify that the bacteriological sampling has been completed in accordance with the applicable provisions of F.A.C., AWWA specifications, and items 2, 3, 4, and 5 above.

Sampling Official _____ Cert. # _____ Date _____
Signature

Company _____

This form (not a copy) must accompany the original forms of the bacteriological results and the Testing Laboratory Certification. The bacteriological test reports and a copy of the pressure test report are to be sent to the City of Cocoa Engineering Division for approval.

If any of these procedures and certifications is not followed, the bacteriological tests will not be accepted by the City of Cocoa and will delay the FDEP Permit clearance process.